

# BROKEN ARROW PUBLIC SCHOOLS

Educating Today



Leading Tomorrow

Contract Committee Review Request  
MUST BE COMPLETED IN FULL

Date: April 26, 2022

Contract/Agreement Vendor: Cira Apps Limited - Liliana Vasile

Name of Vendor & Contact Person

liv@ciraapps.com

Vendor Email Address

Accept and approve the RENEWAL agreement between Broken Arrow Public Schools and Cira Apps Limited, providing the District's CiraSync

*Describe Contract (Technology, program, consultant-prof Development, etc.)*

*Please use Summary below to fully explain the contract purchase, any titles, and details for the Board of Education to review.*

District

Reason/Audience to benefit

5-9-22

BOE Date

\$ 1,680.00

Amount of agreement

Person Submitting Contract/Agreement for Review: Ali Shehada

PLEASE SEND THROUGH APPROPRIATE APPROVAL ROUTING BEFORE SENDING TO BOARD CLERK

Principal &/or Director or Administrator: \_\_\_\_\_

Does this Contract/Agreement utilize technology? YES/NO YES

If yes, Technology Admin: \_\_\_\_\_

Leadership Team Member: \_\_\_\_\_

Funding Source: Bond

Fund/Project

OCAS Coding

**Consent**

**Action**

Accept and approve the RENEWAL agreement between Broken Arrow Public Schools and Cira Apps Limited, providing the District's CiraSync annual subscription for twelve months (July 31, 2022 - July 30, 2023) for 140 users. Cost to the District is \$1,680.00 for the 2022-2023 school year and will be paid with Bond Funds.

Summary

*This area must be complete with full explanation of contract*

*The Contract/Agreement should be received at least 2 weeks prior to a Board Meeting to ensure placement on the Agenda. The Contract Committee meets most Tuesdays at 8:00a.m. All Contracts/Agreements, regardless the amount, must be first approved by the Contract Committee and then presented to the Board of Education for approval and signature. The item will be placed on Electronic School Board for the board agenda by Janet Brown. By following this process, the liability of entering into an agreement is placed with the district rather than an individual.*



**Cira Apps Limited**  
PO Box 736240  
Dallas, TX 75373-6240 US  
+1 2027470888  
ar@ciraapps.com  
<https://cirasync.com>

## Sales Quotation

**ADDRESS**

Shehada, Ali  
Broken Arrow Public Schools

**SALES QUOTATION # 4677**

**DATE 04/14/2022**

**EXPIRATION DATE 07/15/2022**

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**SALESPERSON**

LIV

ACTIVITY	QTY	RATE	AMOUNT
***** Contact Management Service Annual Subscription for 140 Users Start Date: July 31st, 2022 End Date: July 30th, 2023 *****			
<b>Subscription:CiraSync 12 Months for ten users</b> CiraSync Annual subscription for ten users	14	120.00	1,680.00

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SUBTOTAL	1,680.00
TAX	0.00
<b>TOTAL</b>	<b>USD 1,680.00</b>

Accepted By

Accepted Date

Cira Apps Limited  
333 West San Carlos Street – Suite 600  
San Jose, CA 95110  
+1 202-747-0888  
[www.CiraSync.com](http://www.CiraSync.com)



November 3, 2021

*Our remittance details have recently changed.*

To all customers, resellers, and partners:

If you are mailing a physical check, we have a lockbox at JP Morgan Chase bank.

Please update your remittance address as follows:

***Cira Apps Limited  
P O Box 736240  
Dallas, TX 75373-6240***

For electronic payments, use the following wire transfer details:

Beneficiary:	Cira Apps Limited
SWIFT Code:	CHASUS33
Account Number:	872070680
Bank Name:	JP Morgan Chase Bank
Branch Address	Chase Bank – Suite 114 1875 S. Bascom Avenue Campbell, CA 95008
Branch Phone Number	(408) 371-9590

**US Customers ONLY:** ACH Routing Number: 322271627

Note: US Banks do not use IBAN. To pay in EUR, GBP, CAD, or AUS, contact the Cira Apps Customer Success Team ([supportdesk@cirasync.com](mailto:supportdesk@cirasync.com)) to get an invoice in the respective currency with wire details.

Cira Apps Limited  
 333 West San Carlos Street – Suite 600  
 San Jose, CA 95110  
 +1 202-747-0888  
[www.CiraSync.com](http://www.CiraSync.com)



Form **W-9**  
 (Rev. October 2018)  
 Department of the Treasury  
 Internal Revenue Service

**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Cira Apps Limited**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**PO Box 736240**

6 City, state, and ZIP code  
**Dallas, TX 75373-6240**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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or

Employer identification number

8	1	-	0	9	0	2	3	5	2
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person

Date ► **Nov 3, 2021**